



2623/1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2623
Examiner : Martin E. Miller
Serial No. : 09/976,945
Filed : October 12, 2001
Inventors : Pascal Pineau
Title : MEDICAL IMAGING
SYSTEM



PATENT & TRADEMARK OFFICE

Docket No.: 1296-01
Confirmation No.: 1749

Dated: March 19, 2003

Commissioner for Patents
Washington, DC 20231

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APR 01 2003

Sir:

Technology Center 2600

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

\$465.00 Check

Change of Address

Claim of Extension of Time for Response, in duplicate

Amendment Transmittal Letter, in duplicate

Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 35811

By: _____

TB

Date: _____

19 MAR 2003



Attorney Docket No.: 1296-01

Application of Pascal Pineau

Serial No.: 09/976,945

Filed: October 12, 2001

For: MEDICAL IMAGING SYSTEM

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COMMISSIONER FOR PATENTS
Washington, DC 20231

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 7	-	** 20 = 0
INDEP.	* 1	-	*** 3 = 0
First presentation of multiple dependent claim			

RATE	ADD'L FEE
x 9=	\$
x42=	\$
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$0 OR \$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1442 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ is attached.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.
 - Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



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Attorney for Applicant(s)

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